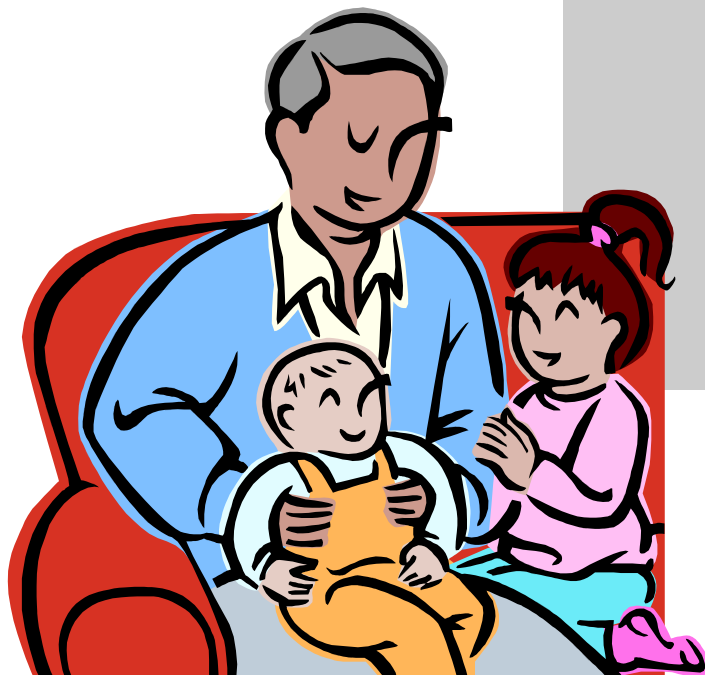


Screening and Monitoring Program

"SaM"



Introduction

The Screening and Monitoring (SaM) Program has been developed to follow children who do not meet Nevada's referral and eligibility criteria for the Individuals with Disabilities Education Improvement Act of 2004 (IDEA), Part C early intervention services but who are at risk to develop delays in the future. The SaM program serves as a safety net for children at-risk who are not currently eligible but as they age, may become eligible for Part C services.

FOUNDATION

Mission, Values & Principles of Nevada's Bureau of Early Intervention Services	3
---	---

FLOW CHART

4

PROCEDURES AND DECISION POINTS

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Foundation

The mission of Nevada's Bureau of Early Intervention Services is to identify infants and toddlers who are at-risk for, or who have developmental delays; provide services and supports to families to meet the individualized developmental needs of their child; and facilitate the child's learning and participation in family and community life through the partnerships of families, caregivers and service providers.

Values & Principles

Children are special and unique:

All children are unique, with their individual strengths and talents. The presence of a disability or special need is not the defining characteristic of a child.

Children grow, develop, and learn in the context of relationships with their families and other caregivers in everyday routines, activities, and community settings.

Early Intervention enhances and supports community partners' capacity to serve and include young children with disabilities and their families as all children have the right to belong, to be welcomed, and to participate fully in their community.

Families are central to decision making:

Each family's priorities, values, hopes and diversity are honored.

Families are partners and decision-makers in all aspects of service, as they are the experts about their child's and family's needs.

The early intervention role:

Service providers across all disciplines value family participation and collaboration.

Mutual trust, respect, honesty, and open communication characterize the family-provider relationship, building on family strengths.

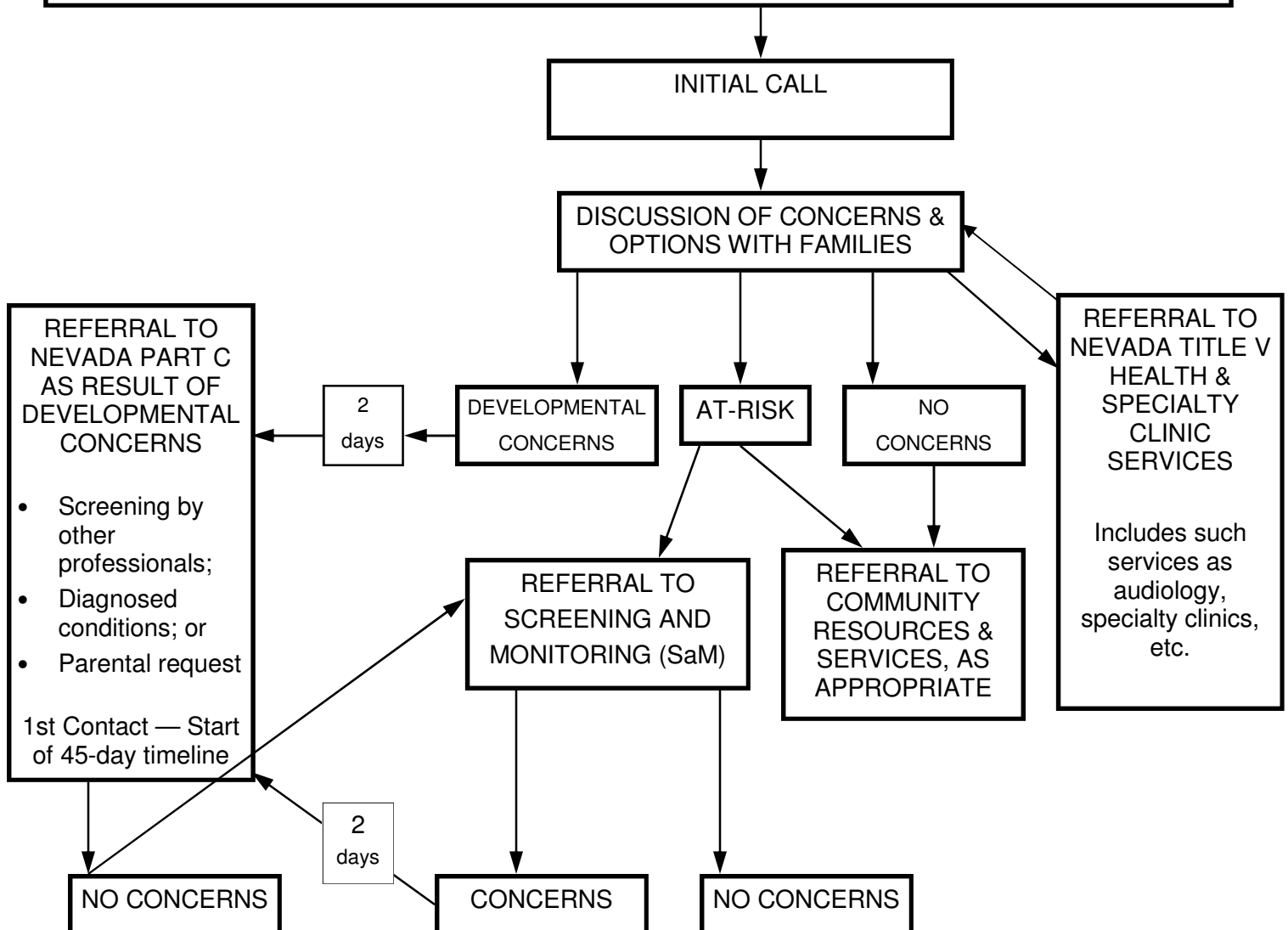
Services and supports:

Services, supports, and resources need to be timely, flexible, individualized and responsive to the changing needs of children and their families.

The Screening and Monitoring (SaM) Program

NEVADA UNIVERSAL INTAKE ACTIVITIES

Activities conducted to identify children who are likely to be eligible for Part C Program or at-risk of developmental delays and in need of follow-along monitoring services.



PROCEDURES

I. REFERRAL CALL

- The initial referral call may be handled by a clerical person who forwards the call to the appropriate screening & monitoring (SaM) personnel. The call is either taken immediately or the family is called back within 2 working days.
- All programs (SaM, Part C, Specialty Clinics and Hearing Screenings) which are available through Nevada Early Intervention Services (NEIS) are explained to the family at the initial call and the family is part of the decision making process. The appropriate personnel inform families of the programs (Part C, SaM, Specialty Clinics, and/or Hearing Screening) and the referral criteria to the Part C Program (Appendix A). It is incumbent upon the Regional Program Manager and supervisors to ensure quality control in this area and to monitor the appropriate nature of referrals at this important decision making juncture.
- Following the discussion about program options, a first screening appointment is scheduled. If the child is premature, the first screening will be when the child is three months adjusted age.
- An appointment with the NEIS Pediatrician may be scheduled at any time to assist the family in establishing a medical home, to refer to specialty clinics or to screen for medical conditions that may indicate a possible referral to Part C. The family may be asked to bring in medical records and/or sign written releases of information to assist the NEIS Pediatrician with the screening.
- A NEIS brochure and/or introductory letter is mailed to the family formally informing them of all programs that are available through NEIS (See attached letter in Appendix B). The letter includes the program the child has been referred to and the date and the time of the intake appointment.
- Part of the initial call is to assess for a family's barriers to participate in the program. This consists of asking about transportation, scheduling needs (after hours, etc.), other children, etc. This information is used to determine where the screening appointment would take place. The default scheduling is for the family to be seen in a centralized intake site; however, if it is determined that the family has barriers to coming in for the screening appointment, it can be scheduled as a home visit.
- If an interpreter is necessary for the screening appointment, an interpreter is scheduled.
- The SaM data form is completed and the information is filed in preparation for the next appointment. SaM data is collected on a separate spreadsheet from data collected for Part C referrals.
- SaM performance data is compiled monthly and submitted by the 15th of the following month to the Bureau Chief.

II. SCREENING APPOINTMENT

- If the family does not keep the appointment, a letter is sent asking the family to contact the screener within 10 working days to reschedule or it will be assumed the family is not interested in the service. The folder is filed so it is available if the family calls back to reschedule the appointment. If there is no contact from the family within the time period, the case is made inactive. All steps are documented in the progress notes.
- When the family arrives for the appointment, the initial packet is given to them by the clerical staff with instructions to complete. The packet includes:
 - The Consent to Screen (to be signed by the parent and the professional) (Appendix C)
 - The Notice of Privacy Practices Information (Appendix D)
 - The Insurance Permission Form (Appendix E)
- The clerical staff collects the completed packet from the family along with any insurance cards and immunization records that are to be copied.
- During the first visit, the intake packet is reviewed (see above) and the family is given a copy of the privacy rights. The screener will then complete a social history and the appropriate ASQ, including the social-emotional component with the family. Release forms may need to be signed in order to obtain information from doctors and other referral sources.
- The ASQ is scored and results are discussed with the family.
- The family is advised that a report of the results will be mailed to them. This summary report/letter is prepared by the screener.

III. IF THE CHILD IS STAYING IN THE MONITORING PROGRAM

- The screener explains how monitoring works. If the family is interested in participating in monitoring, it is decided together how often monitoring will occur. This decision is individualized to meet the particular needs of the family and child.
- The family is given any appropriate developmental handouts, such as the activity sheets that go with the ASQ and information about community resources, etc.
- The screener may schedule other health related appointments as needed. Screening could include an audiology examination, pediatric or nutrition appointment, as needed, on an individualized basis.
- If concerns arise as the result of any phase in the screening process, a referral to Part C services shall be made. Repeated screening/monitoring appointments by any other early intervention professionals must occur concurrent with the agreed upon monitoring system using the ASQ and are limited to two visits. These screenings are for the purpose of determining if a Part C referral is warranted.
- The audiologist may do additional follow-up to complete the diagnostic process to determine a hearing loss and if there is a need for a subsequent Part C referral.
- A tickler card is completed along with any site-specific paperwork.
- The SaM data form is updated and a copy transmitted to all appropriate staff. The original data form is filed in the child's folder.
- The insurance and/or Medicaid paperwork and releases of information are processed as appropriate. A chart is created.
- The child data is entered into the SaM data base (refer to Appendix F for data base screens). This information is reported each month to the supervisor who submits these data reports to the Bureau Chief by the 15th of the following month.

IV. **MONITORING**

- Each month, the tickler cards are pulled by the screener.
- The agreed upon ASQ is mailed with a cover letter briefly explaining the procedure. This includes a reminder of a deadline for returning the questionnaire, typically 30 days from the date of mailing.
- If a family fails to return their ASQ, the program may make their case inactive from SaM. Internal procedures may vary across regions but will ensure that the family has been given opportunity to participate and is notified of their inactive status, as well as how to reactivate their case, if so desired. SaM data updates occur as needed.
- When a family returns the ASQ that was previously mailed to them, the screener has 5 working days to score and process the questionnaire. If a concern arises regarding the outcome of the ASQ score, the screener will immediately attempt to contact the family by phone. A referral to Part C must be made within 2 days of scoring the ASQ even if the family cannot be reached by phone. In these cases, the screener will send a letter notifying the family of the Part C referral.
- Monitoring may continue up to 30 months.

V. **IF EXITING**

- If it is decided by the family and the screener that no further monitoring is necessary or desired, developmental handouts and any necessary community referrals are provided to the family.
- The SaM data form is updated and copies given to appropriate personnel. The original is placed in the folder and a progress note is entered in the child's file.
- A letter confirming that the child is exiting the Screening and Monitoring program is completed. A copy is sent to the referral source (if permission has been obtained from the family), a copy is placed in the folder and the original is sent to the family.
- The folder is designated as closed and is given to clerical personnel to file.

VI. **IF REFERRING TO PART C FOR ELIGIBILITY DETERMINATION**

- Per the ASQ manual, there are three situations during screening and monitoring when the child should be referred on for further Part C evaluation: if the child fails to meet the cut off in one or more areas of development on the screen; if the child is in the borderline area near the cutoff and there are concerns; or if the child passes the screen but the parent, or others, has on-going concerns regarding the child's development in any area.
- If it is decided by the screener and the parent that further evaluation is warranted, the transition to the Part C early intervention program is explained.
- The program will follow Part C referral procedures (Refer to Intake, Evaluation/Assessment, & Eligibility, Effective Practice Guidelines).
- The assigned Part C Service Coordinator will give the family a copy of the Parent Rights booklet and will discuss the rights of the family (Refer to Intake, Evaluation/Assessment, Eligibility, Effective Practice Guidelines).

Note: For children who are wards of the state, refer to Part C Appointment of Surrogate Parent Procedures.

VII. IF REFERRING TO MONITORING FROM PART C

- Because the relationship of referral between the two programs (SaM and Part C) is a dynamic process, some children may be referred back to SaM for monitoring. It is important to differentiate who these children might be. There are essentially two scenarios when a child might be referred for SaM monitoring.
- First, per the current exiting criteria for Part C, children who are eligible for Part C services, but have met their outcomes and are at age level for 6 months may be exited from the program. After this period of 6 months, a service coordinator may offer a family further monitoring through the SaM program. For all referrals, the procedure is the same and is described below.
- Second, if a child who was referred from SaM to Part C and was determined ineligible for Part C, the Part C Service Coordinator will meet with the SaM screener to determine the appropriate resources to offer the family. This face to face conference is necessary to reduce the number of cross-referrals between the SaM and Part C Program.
- When referring any child to the SaM program from Part C, the service coordinator will:
 1. Complete the ineligibility form with a written prior notice and a copy of the parent's rights (34 CFR, Section 303.403 (b)). This ineligibility form should not be completed prior to meeting with the family.
 2. Update the TRAC form (Part C) and turn it in to the appropriate data entry staff.
 3. Complete the SaM referral form
 4. Give the chart with the referral form to a Supervisor for review.
- After reviewing the chart, the Part C supervisor would forward the chart to the screener who originally did the intake and screening. If the child did not originally have an intake with a screener, the Part C supervisor will contact and transmit this SaM referral to the appropriate SaM personnel.
- After the family is contacted and agrees with the monitoring schedule and method, a "tickler" card is completed by SaM personnel.

Appendix A

STATE OF NEVADA

KENNY C. GUINN

Governor

ALEX HAARTZ, MPH

Administrator

MICHAEL J. WILLDEN

Director



BRADFORD LEE, M.D.

State Health Officer

DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
BUREAU OF EARLY INTERVENTION SERVICES

MEDICAL DIAGNOSIS REQUIRING A REFERRAL TO PART C, IDEA

This list is not all-inclusive.

Chromosomal-trisomy, deletions, Fragile X syndrome, Prader-Willi, Down syndrome, Cri-du-chat, Williams syndrome, CHARGE association, Robin sequence (not a complete list & limited to syndromes associated with developmental delays)

Neuromuscular Disorders-Cerebral palsy, Muscular Dystrophies, Hemiplegia, Myopathies, Torticollis

Neurocutaneous Syndromes-Tuberous Sclerosis

Spinal cord injuries

Arthrogryposis

Central Nervous System-Major brain malformations, Hypoxic ischemic encephalopathy, Periventricular leukomalacia, Grade 3 or 4 IVH, or hydrocephalus

Inborn Errors of Metabolism

Sensory Impairment (vision or bilateral hearing loss)

Orofacial Malformations-Cleft palate, Treacher-Collins, Pierre-Robin sequence, Velo-Cardio- Facial

Congenital infections

Tracheostomy

G-tube dependent

Organic Failure to Thrive

Cyanotic Heart Disease

Fetal Alcohol Syndrome

Extreme Prematurity (\leq 750 grams or \leq 25 weeks gestation)-birth weight $<$ 1,000 grams with complex NICU history including BPD, ROP, IVH, needs to be individually assessed by the NEIS physician to determine eligibility.

Bacterial or Herpes Meningitis

Infantile Spasms

Kernicterus

Autism spectrum disorders.

Substantiated Child Abuse/Neglect

Prenatal Drug Exposure

List updated/Reviewed 12/2004

Dr. Lynn Kinman

Dr. Colleen Morris

Dr. Gerardo Rodriguez

Appendix B

STATE OF NEVADA

KENNY C. GUINN
Governor

ALEX HAARTZ, MPH
Administrator

MICHAEL J. WILLDEN
Director

BRADFORD LEE, M.D.
State Health Officer



DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION

BUREAU OF EARLY INTERVENTION SERVICES**BUREAU
ADMINISTRATION**

- ☐ 3427 Goni Rd. #108
Carson City, Nevada 89706
(775) 684-3460
(775) 684-3486 - Fax

**NEVADA EARLY
INTERVENTION SERVICES****Southern Region**

- ☐ Valley View Site
1161 S. Valley View
Las Vegas, Nevada 89102
(702) 486-7670
(702) 486-7686 - Fax

- ☐ Central Site
333 N. Rancho Blvd., #148
Las Vegas, Nevada 89106
(702) 486-7400
(702) 486-7409 - Fax

- ☐ Flamingo Site
3075 E. Flamingo, #108
Las Vegas, Nevada 89121
(702) 486-7500
(702) 486-7522 - Fax

- ☐ North Site
4538 W. Craig Rd., #290
Las Vegas, Nevada 89032
(702) 486-5100
(702) 486-5102 - Fax

Northern Region

- ☐ Reno
2667 Enterprise Road
Reno, Nevada 89512
(775) 688-1341
(775) 688-2984 - Fax

- ☐ Northwestern Rural
2667 Enterprise Road
Reno, Nevada 89512
(775) 688-1341
(775) 688-2984 - Fax

- ☐ Northeastern Rural
850 Elm Street
Elko, Nevada 89801
(775) 753-1214
(775) 753-6017 - Fax

**INDIVIDUALS WITH
DISABILITIES EDUCATION
ACT (IDEA)**

- ☐ Part C Lead Agency
3427 Goni Road, #108
Carson City, Nevada 89706
(775) 684-3460
(775) 684-3486 - Fax

Insert Date

Dear Parent,

The Nevada Early Intervention Services appreciates receiving your recent referral. This letter is being mailed to inform you of the programs offered by Nevada Early Intervention Services. All services are voluntary.

Hearing Screening Program – are available for any child under the age of three who may have a hearing concern and/or a hospital or physician has recommended a follow-up hearing test. These services are available in Las Vegas and Reno.

Early Intervention Program – provides services to children from ages birth through two years experiencing developmental delays and/or has a diagnosed condition that has a high probability of resulting in developmental delays. The services are provided to families to enhance their child's participation in home and community activities. This program operates under state policy and federal regulations that ensure specific parent rights. Before a child received services, a comprehensive evaluation must be completed to determine eligibility. Specific services are determined by you and a team of professionals based on your child's needs. Additional information on the Early Intervention Program including parent rights can be accessed at www.health2K.state.nv.us/BEIS/.

Specialty Clinics are held in the areas of genetic disorders, metabolic disorders and cleft palate/craniofacial. Any child under the age of three can be referred to any of these clinics which are held in Las Vegas and Reno.

Screening and Monitoring Program – provides follow-up services to help you determine if your child is playing, talking, growing, and moving like other children the same age. At any time, you can request a referral to the Early Intervention Program to determine if your child is eligible for specialized services which are administered in accordance with federal law and include parent rights, which can be accessed at www.health2K.state.nv.us/BEIS/.

Based on the information provided by you, your child has been scheduled for an appointment for the _____ Program on _____ at _____. You are encouraged to contact Nevada Early Intervention Services at any time for additional information on any of these four programs.

Sincerely,

Name

Insert Name

Regional Program Manager

Appendix C

**BUREAU OF EARLY INTERVENTION SERVICES
SCREENING AND MONITORING PROGRAM
PERMISSION FOR SCREENING**

Nevada Early Intervention Services provides a follow-along screening program to children who may be at risk for developing a delay. Certain events in your child's life may make him at risk for developmental delay. If your child had a prolonged hospital stay at birth, was premature, or has health complications this service may be appropriate for your family.

The initial screening may include a review of your child's current health and medical history as well as a summary of your concerns, if any, related to your child's development. The person conducting the initial developmental screening may recommend that your child also receive a medical screening by our pediatrician, a hearing screening by our audiologist or a nutrition screening by our registered dietitian.

Monitoring services include providing a screening through either a phone interview, completion of the *Ages and Stages Questionnaire* or observation of your child, to ensure that he/she is developing according to the typical milestones. Participation in the Screening and Monitoring Program is voluntary. Screening is a quick look at various times during your child's first three years of life to rule out any concerns.

If you feel your child is not developing appropriately you can request a comprehensive evaluation to determine if your child would qualify for early intervention services.

My signature below indicates my consent for _____
Child's Name

to participate in follow-along services provided by Nevada Early Intervention Services. These services include periodic screening of my child.

Parent/Guardian Signature

Date

Staff Signature

Date

Appendix D

NOTICE OF PRIVACY PRACTICES

Bureau of Early Intervention Services – Nevada Early Intervention Services
Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

If you have any questions about this Notice please contact your local Early Intervention Program.

This Notice describes your rights for you to access and control _____ (Child's name) medical records also known as protected health information or PHI. This Notice also describes our privacy practices and legal duties concerning how we may use and disclose _____ (Child's Name) protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by both state and federal law. Our office and staff will follow the privacy practices that are described in this Notice while it is in effect. When new regulations are created, we will update this Notice. This Notice takes effect April 14, 2003, and will remain in effect until further notice.

Uses and Disclosures of Protected Health Information

Your child's protected health information may be used for treatment, payment, and healthcare operations. The following are examples of the uses and disclosures:

Treatment: We will use and disclose your child's protected health information to a physician or other healthcare entity providing treatment to you. For example, we may provide your child's protected health information to a physician with whom your child has been referred to in order to diagnose or treat you.

Payment: We may use and disclose your child's protected health information, as needed, to obtain payment for your child's health care services. For example; we may include certain activities that your child's health insurance plan may undertake before it approves or pays for the health care services rendered.

Healthcare Operations: We may use or disclose, as needed, your child's protected health information in connection with our healthcare operations. This may include quality assessment activities, employee review activities and training, certification, accreditation, and licensing. For example, we may call you or your child by name in the waiting room when we are ready to see you and we may contact you to remind you of your child's appointment.

Aside from using and disclosing your child's protected health information for Treatment, Payment, or Healthcare Operations, you may give us **Authorization** to use or disclose your child's health information to anyone for any purpose. At anytime in writing, you may revoke your authorization. If you do give us **Authorization**, we cannot use or disclose your child's protected health information for any other reason except for treatment, payment, and healthcare operations.

Family and Friends: If you agree, we may disclose your child's protected health information to a family member, friend or other person to the extent the Privacy Rule allows, defined in this Notice.

Appendix D

Notice of Privacy Practices—Page 2

Other Persons Involved In Care: Unless you object, we may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your child's care of your child's location, general condition or other personal information. Additionally, using our professional judgment, we may allow a person to pick up your child's medical supplies, x-rays, or other similar forms of health information. In case of an emergency, we may use or disclose your child's protected health information that is directly relevant to the person's involvement in your healthcare.

Marketing: Our office will not use your child's protected health information for marketing purposes without your prior written authorization except for a face-to-face encounter or a communication involving a promotional gift of nominal value.

The Law: Our office will use or disclose your child's protected health information if and when either state or federal law requires it. If requested, you will be notified of any such uses or disclosures.

Other Uses or Disclosures of Your Child's Protected Health Information: If we reasonably believe that your child is a victim of abuse, neglect, domestic violence, or other crimes, we may disclose your child's protected health information to the proper authorities. We may disclose your child's protected health information for **public health activities** and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your child's protected health information to authorized federal officials for conducting **national security**, and **intelligence activities**. We may also disclose protected health information if it is necessary for **law enforcement authorities** to identify or apprehend an individual, or in response to a subpoena, discovery request or other lawful process. We may also disclose your child's protected health information to **researchers** when an institutional review board has approved their research. We may also use or disclose your child's health information to provide you with **appointment reminders**.

Your Individual Rights

Access: By written request, you have the right to **inspect** or **receive a copy** of your child's protected health information in part or in full. For less than 99 pages and less than 1 hour staff time we will charge you nothing. After that we may charge you 2¢ (cents) for each page and \$19 for clerical and/or \$29 per professional unless the professional is monitoring then it is \$7.00, \$5.00 for clerical, all per hour for staff time plus any postage fee if applicable. If you request an alternative format for copies, we will charge you a reasonable cost-based fee for providing your child's health information in that format. Please feel free to contact us using the information listed at the end of this notice for a full explanation of our fee structure.

Under federal law, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewed.

Amendment: You have the right to request an amendment of your child's protected health information. This request must be in writing and must explain the reason for such an amendment. We may deny your request under certain circumstances.

Disclosure Accounting: You have the right to receive an accounting of certain disclosures we have made, if any, of your child's protected health information, other than for treatment, payment, and healthcare operations. You have the right to receive specific information regarding these disclosures for up to 6 years that occurred after April 14, 2003.

Appendix D

Notice of Privacy Practices—Page 3

Restrictions: You have the right to request restrictions on certain uses or disclosures of your child's protected health information, however, we are not required to agree to a restriction that you may request. If we do agree to your request, we will abide by our agreement unless of an emergency.

Alternative Communication/Location: By written request, you have the right to receive confidential communications from us by alternative means or at an alternative location. We will not request an explanation from you as to the basis for the request, however, we may condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact.

Electronic Notice: If you agree to receive this Notice electronically, you may also request a paper copy.

Complaints: If you believe that your child's privacy rights have been violated, you may file a written complaint with either our office by using the contact information listed below, or with the U.S. Department of Health and Human Services.

The Secretary of Health and Human Services
The U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

If you do choose to file a complaint, we will not retaliate in any way.

We support your right to the privacy of your child's health information. If you would like more information about our privacy practices or have questions or concerns please feel free to contact us.

Contact/Privacy Officer _____

Telephone: _____ Fax: _____

E-mail: _____

Address: _____

Appendix D

ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES

I have received a copy of this office's Notice of Privacy Practices:

Please Print Name

Parent/Guardian's Name

Child's Name

Signature

Date

FOR OFFICE USE ONLY

A written acknowledgement of Receipt of our Notice of Privacy Practices was attempted, however acknowledgement could not be obtained because:

- ☐ Individual refused to sign
 - ☐ Communication barriers prohibited obtaining the acknowledgement
 - ☐ An emergency situation prevented us from obtaining acknowledgement
 - ☐ Other
-
-
-

Appendix E

Nevada Early Intervention Services INSURANCE CONSENT FORM

In Nevada, early intervention services are provided at no cost to the family. Many different funding sources are used to pay for services. If you have health insurance, your family **may choose** to use this source to help pay for some services. **You** decide if you will use your insurance or not.

This form includes general information about using health insurance to help pay for early intervention services for your child. When you want to allow your insurance to be used, your consent is needed. **On the back of this form are some common questions, answers, and information** to help you make the decision that is right for you. **Ask questions until you understand.**

Please check all of the following boxes that apply and complete the information below:

My family has: ☐ Tricare ☐ Private Insurance

I/we understand that I/we **may change our decision at any time**, and this decision will not affect our family's early intervention services.

Assignment of Benefits and Release of Information

My consent for use of insurance authorizes early intervention information to be released to the insurance company and payment of medical benefits covered under the provisions of my policy to be paid directly to **Nevada Early Intervention Services**.

☐ **I/We give permission**

Child's Name

Parent Signature

Date

Insured's Social Security Number

Name of Insured

Health Insurance Company

Policy # and/or Group #

Health Insurance Company Phone #

Billing Address

☐ **I/We do not give permission**

Parent Signature

Date

Appendix E

Insurance Consent Form—Cont'd

Page 2

Common Questions

Q: What will happen if I don't use my health insurance?

A: Your decision is voluntary, and will not affect services provided whether you use your insurance, or do not.

Q: Why should I allow my insurance to be billed?

A: There is a limited amount of public funding available to provide early intervention services. Each family must decide how to effectively use their own resources as well as the collective public resources. Below are resources if you have additional questions.

Q: What does "no cost to families" mean?

A: Families are not required to pay the deductible and the co-payment for early intervention services that are identified on the Individualized Family Service Plan (IFSP). The early intervention program is responsible for all parent out of pocket expenses.

Q: Before you give consent, what questions should you consider?

A: Because health insurance policies are different, you should contact your insurance company (not your agent). Ask for confirmation of conversations in writing. Some questions you might ask are:

What is my lifetime cap?

How will this affect my premiums?

Does my policy have limits on any type of services?

For more information contact:

Nevada Early Intervention Services

The State lead agency for Part C Early Intervention Services in Nevada

800-522-0066

Parents Encouraging Parents (PEP)

The State Parent Training and Information Center in Nevada

800-216-5188

775-448-9950 Reno

702-388-8899 Las Vegas

Family Voices

Provides information and education concerning the health care of children with special health needs

866-326-8437

Nevada Insurance Division

The State agency that governs insurance companies' writing health insurance

888-872-3234

Governor's Office of Consumer Health Assistance

Assists consumers with health insurance questions

888-333-1597

Appendix F

SAM DATA BASE—STATUS FIELD

Microsoft Access - [Child]

File Edit View Insert Format Records Tools Window Help

Find Record Add Record Delete Record Print Record

SaM Child Code: (AutoNumber) Case Number: Status: SaM Coordinator:

Child Last Name: Child First Name: AKA: DOB:

Referral Date: Referral Source: Scheduled Intake Date: Intake Date:

Race/Ethnicity: Funding Source:

Parent/GuardianName1: Parent/GuardianName2:

Address1: Address2:

City: State: Zip: County:

Phone #1 Phone Type: Phone #2 Phone Type:

ASQ: 4 Mos 6 Mos 8 Mos 10 Mos 12 Mos 14 Mos 16 Mos 18 Mos 20 Mos 22 Mos 24 Mos 27 Mos 30 Mos 33 Mos 36 Mos

Date Sent: Returned: Pass/Fail:

Notes:

Exit Date Exit Reason

Record: 166 of 166

Form View

NUM

Appendix F

SAM DATA BASE—Referral Sources

Microsoft Access - [Child]

File Edit View Insert Format Records Tools Window Help

Find Record Add Record Delete Record Print Record

SaM Child Code: Case Number: Status: SaM Coordinator:

Child Last Name: Child First Name: AKA: DOB:

Referral Date: Referral Source: Referral Reason:

Scheduled Intake Date: Intake:

Race/Ethnicity:

Parent/Guardian Name 1: Parent/Guardian Name 2:

Address 1: Address 2:

City: State: Zip: County:

Phone #1: Phone Type:

Phone #2: Phone Type:

ASQ: 4 Mos 6 Mos 8 Mos 10 Mos 12 Mos 14 Mos 16 Mos 18 Mos 20 Mos 22 Mos 24 Mos 27 Mos 30 Mos 33 Mos 36 Mos

Date Sent:

Returned:

Pass/Fail:

Notes:

Exit Date: Exit Reason:

Record: 166 of 166

Form View

NUM

Appendix F

SAM DATA BASE—Race/Ethnicity

Microsoft Access - [Child]

File Edit View Insert Format Records Tools Window Help

Type a question for help

Find Record Add Record Delete Record Print Record

SaM Child Code: Case Number: Status: SaM Coordinator:

Child Last Name: Child First Name: AKA: DOB:

Referral Date: Referral Source: Referral Reason:

Scheduled Intake Date: Intake Date:

Race/Ethnicity: Funding Source:

Parent/Guardian: Parent/GuardianName2:

Address1: Address2:

City: State:

Phone #1: Phone Type:

Phone #2: Phone Type:

ASQ: 4 Mos 6 Mos 8 Mos 10 Mos 12 Mos 14 Mos 16 Mos 18 Mos 20 Mos 22 Mos 24 Mos 27 Mos 30 Mos 33 Mos 36 Mos

Date Sent:

Returned:

Pass/Fail:

Notes:

Exit Date: Exit Reason:

Record: 166 of 166

Form View

NUM

Appendix F

SAM DATA BASE—Funding Source

Microsoft Access - [Child]

File Edit View Insert Format Records Tools Window Help

Type a question for help

Find Record **Add Record** **Delete Record** **Print Record**

SaM Child Code: (autoNumber) Case Number: Status: SaM Coordinator:

Child Last Name: Child First Name: AKA: DOB:

Referral Date: Referral Source: Referral Reason:

Scheduled Intake Date: Intake Date:

Race/Ethnicity: Funding Source:

Parent/GuardianName1: Parent/GuardianName2:

Address1: Address2:

City: State: Zip: County:

Phone #1 Phone Type: Phone #2 Phone Type:

ASQ: 4 Mos 6 Mos 8 Mos 10 Mos 12 Mos 14 Mos 16 Mos 18 Mos 20 Mos 22 Mos 24 Mos 27 Mos 30 Mos 33 Mos 36 Mos

Date Sent: Returned: Pass/Fail:

Notes:

Exit Date Exit Reason

Record: 166 of 166

Form View

NUM

Medicaid
Private Insurance
Nevada Checkup
Other
None
Unknown

Appendix F

2005 SaM Data Report
 NEIS- _____
 Data Report For Month of _____

SaM	Part C
Referrals to Agency	Referrals to Agency
Intake Meetings	Intake Meetings
ASQs Sent	Eligibility Completed
ASQs Received	Initial IFSPs Completed
Referred for Screening	Beyond 45 days for IFSP
Referred to Part C	Average (Referral to IFSP) All Active IFSPs
Referred Part C to SaM	Active IFSPs for the Month
Total Discharged	Total Discharged
Total in SaM system	Active Cases Monthly

Completed by _____

Approved by Regional Manager _____

Submission Deadline 15th of the Month to Bureau Office
 12/16/04

Appendix F

2005 SCREENING AND MONITORING PROGRAM (SaM) – Intake Data

REGION_____

	July	Au- gust	Sept	Octo- ber	Novem- ber	Decem- ber	Janu- ary	Feb- ruary	March	April	May	June
Total Intakes												
NICU												
*DCFS												
*CPS												
Dr.												
Self												
Other												
Monitoring												
Monitoring %												
Referrals to Part C												
Referrals to Part C %												
Exited												
Exited %												

All percentages are based on each month's total intakes.

Total Number of active Children participating in SaM as of
(Includes Monitoring Status and Pre-Existing NICU Referrals)

*** DCFS/CPS - Substantiated Child Abuse/Neglect requires Part C Refer-
 ral**

NOTE: Once you have entered your data (numbers) the formulas will proceed to work.

Submission deadline 15th of the Month to Bureau Office

Data reported for the Previous Month

**State of Nevada, Division of Health
Bureau of Early Intervention Services**

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